

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/836410

FILING DATE

4/17/01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

# CLAIMS ONLY

SERIAL NO.

09836410

FILING DATE

04/19/01

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7	/						57						
8	/						58						
9		/					59						
10		/					60						
11	/						61						
12		/					62						
13		/					63						
14		/					64						
15	/						65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22	/						72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34	X	/					84						
35	/						85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42		/					92						
43	/						93						
44		/					94						
45		/					95						
46	/						96						
47		/					97						
48		/					98						
49	/						99						
50							100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	49						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS